



Quality Medicines for Malawi

### FINANCIAL DECLARATION

JOINT DECLARATION BY SPONSOR (OR REPRESENTATIVE) AND PRINCIPAL INVESTIGATOR CONCERNING SUFFICIENT FUNDS TO COMPLETE STUDY

**1 Study Details**

Title of Study:

Acronym or Short Title:

Sponsor and contact details:

No. of Consortium:

Duration of sponsorship:

Local Ethics Approval No.:

PMRA Reference No.

**2 Partner Organisations**

Name, Country	Contact details: Phone & Email Address	National Principal Investigator

**3 Reasons for Study**

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**4 Joint declarations by Sponsor and principal investigator**

I, <full name>, representing <Sponsor or representative) and

I, <full name>, Principal Investigator

hereby declare that sufficient funds have been made available to complete the above-mentioned study.

Signed Date:

SPONSOR (or representative) Name:

Address:

Contact details (including tel no., email):

Signed Date:

PRINCIPAL INVESTIGATOR Name:

Address:

Contact details (including tel no., email):